

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09781639

APPLICANT(S)

FILING DATE
02/19/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+1					
2						
3						
4						
5						
6						
7						
8	+1					
9		1				
10			1			
11			1			
12						
13						
14						
15						
16						
17			1			
18						
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20						
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46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			8			
TOTAL CLAIMS			9			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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57						
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80						
81						
82						
83	BEST AVAILABLE COPY					
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						